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CONFIRMATION NO. 6776

SERIAL NUMBER 09/681,585	FILING OR 371(c) DATE 05/02/2001 RULE	CLASS 706	GROUP ART UNIT 2129	ATTORNEY DOCKET NO. QED0001
APPLICANTS Victor Gogolak, McLean, VA;				
** CONTINUING DATA ***** None [Signature]				
** FOREIGN APPLICATIONS ***** None [Signature]				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/24/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY VA	SHEETS DRAWING 21	TOTAL CLAIMS 28
Verified and Acknowledged Examiner's Signature [Signature] Initials [Initials]		INDEPENDENT CLAIMS 4		
ADDRESS 25227				
TITLE Method and system for analyzing drug adverse effects				
FILING FEE RECEIVED 532	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	